Co-Chairs and members of the Presidential Advisory Council on HIV/AIDS (PACHA) my name is Jose Rodriguez, Senior Policy & Advocacy Manager with the HIV Medicine Association (HIVMA). I am pleased to provide testimony on behalf of HIVMA regarding the importance of ensuring a robust infectious disease and HIV workforce to respond to ongoing public health epidemics like HIV and to prevent and respond to new ones like the fast-moving coronavirus. HIVMA members provide medical care and treatment to people living with HIV in the U.S., lead HIV prevention programs and conduct research that has led to the development of effective HIV prevention and treatment options.

As more people need lifelong HIV care, the number of HIV clinicians entering the field falls far short of demand, creating critical access issues. In February of this year, Rep. John Lewis introduced H.R. 5806, the HIV Epidemic Loan-Repayment Program (HELP) Act, to boost the number of HIV health care workers by repaying often devastating student loans, enabling new health practitioners to work in areas with high need, which include the South and rural states, where we are seeing HIV outbreaks due to the epidemic of substance use disorders.

HIVMA Board member Dr. Marwan Haddad, MD, MPH, provided comments yesterday regarding strategies to support HIV prevention and care post-COVID-19 and noted the workforce challenges that have been compounded by the role that ID and HIV providers are playing in responding to the pandemic.

While we do not have data yet on the impact of the pandemic on the ID and HIV clinical workforce, a study published in March in *Clinical Infectious Diseases* evaluated the HIV clinical workforce capacity in 14 states in the South. The researchers found that 81% of the counties studied did not have an experienced HIV clinician and that workforce disparities were greater in rural areas. As Dr. Haddad noted in his presentation yesterday, to attract more clinicians to the field, we need to address the lower reimbursement for cognitive services and to provide loan repayment to clinicians in communities with insufficient experienced HIV providers.

The HELP Act recognizes the need to retain current HIV clinicians and to encourage more health professionals to do this critical work. The bill would provide loan repayment of up to $250,000 for up to 5 years of services for physicians, nurse practitioners, physician assistants and dentists who work in a Ryan White-funded clinic or a health professional shortage area.

This need is especially critical in communities of color, who as this group has discussed, experience higher rates of HIV and AIDS-related deaths. Research has shown that people living with HIV have better health outcomes when under the care of expert HIV clinicians.
The pandemic has highlighted the critical need for a robust ID and HIV workforce to prevent and respond to public health crises as well. As we work to mitigate the impact of COVID-19 while continuing efforts to end HIV as an epidemic in the U.S., we urge support for interventions to bolster the ID and HIV workforce, such as the loan repayment offered by the HELP Act. A well-trained and adequate HIV and ID clinical workforce was always needed to dramatically impact the HIV epidemic as envisioned by the federal Ending the HIV Epidemic initiative, but with the pandemic that need is now even greater.